7: Gt. Brit., Colonial Office G-3 (1949-50) 1951 MM1 Aden mm1

The Island of Perim was visited early in 1950, when a good haul of sharks was made by the fishery vessel. Shark lines have been lent to the inhabitants, but the poorness of their boats, the bad weather and the roughness of the bottom led to the loss of many hooks. The Administrator of Perim has been granted funds to provide a motor sambuk during 1951, of which the Perim water-plant foreman will be engineman.

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OTHER INDUSTRIES

As already stated, the main industry is the bunkering of ships and the handling of cargo. These activities are in the hands of large firms, the labour employed consisting almost entirely of immigrant Yemeni Arabs who come south for a year or two, leaving their wives at home, and return when they have accumulated sufficient money.

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There are some small factories owned by private companies. The chief are soap works, aluminium pressing of domestic utensils, manufacture of cigarettes and dyeing and printing of cloth. These supply the local demand and provide for export to adjoining territories.

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Of industries organised among small producers, the principal one is the weaving of cloth, by one-man treadle-operated handlooms. This supplies Aden and adjoining territories. Small crushing plants, with one camel[1] turning a mill, extract sesame oil for cooking purposes.

The industries supplying the domestic market are mostly in the hands of individual craftsmen, or a master craftsman with a few assistants. Such are tailors, carpenters, blacksmiths, tinsmiths, garage mechanics, bakers, confectioners, potters, barbers, washermen and cobblers.

Lorries are owned in small fleets by merchants and contractors; conversely, the 60 buses are almost all in individual ownership. Taxis are in small ownership, and mainly driven by Somalis.

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As an example of the diverse nationality of business ownership in Aden, the following are the main concerns and the nationality of their proprietors:

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Salt Works	Italian, Indian
Soap Works	French
Dyeing and Printing	French, Indian
Aluminium Factory	Indian
Shipping Agencies	British, Indian, French
Ship-owning	British, French, Arab, Indian

There are no co-operative societies.

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Aden has no agriculture, forests or mines. Animal husbandry is confined to the keeping of a few hundred cows for dairy purposes.

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63:Simmons et al G-5 (1941-1951) 1954
MI Middle East

Plants. The shrub, *Catha edulis*, colloquially known as *qat*, is extensively cultivated in sections of the western highlands. The leaves yield a stimulant which dissipates fatigue and causes loss of appetite and of desire for sleep. Qat chewing is a popular custom in the Colony and Western Aden Protectorate, as it is in Yemen.

Cases of poisoning, caused by the contamination of imported wheat with grains of *Lolium temulentum* (Darnel grass), are recorded frequently. Species of *Euphorbia* grow in many areas, and contact poisoning is sometimes observed.

Food Sanitation

Regulations governing the sanitary quality of milk, meats and other products are in force only in the Colony. The markets and the slaughterhouses, which are located at four points—in Crater, Tawahi and Maala, on the peninsula, and in Sheikh Othman—are operated under the supervision of sanitary inspectors. Eating houses, coffee shops, date stalls and other premises where foods are prepared or sold, and the aerated water and ice factories, are licensed and inspected from time to time. No controls are exercised over food handlers, however, and many food vendors and workers in small shops are immigants among whom the standards of cleanliness are generally poor.

Meat animals are inspected by veterinary officers at the slaughterhouses, but no postmortem examinations of the carcasses are made. The dairy cows are housed in municipal or private sheds within the town limits. Samples of milk from commercial herds are collected at regular intervals and tested for adulteration. There are no facilities for pasteurization. Opportunities for the spread of infection through contaminated milk are minimal, however, due to the universal custom of boiling milk before it is used. Brucellosis is enzootic among the goats, and infections undoubtedly are transmitted to man occasionally through cheese and other milk products. Bovine tuberculosis is pres-

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ent in the dairy cattle of the Colony, but the rate of infection is believed to be low.

HEALTH SERVICES AND MEDICAL FACILITIES

Health Organization

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Responsibility for the health of the civilian population in the Colony resides in its Medical and Health Department, which is administered by a Director of Medical Services, with headquarters in the town of Aden. He is advised on matters of policy by the medical staff in the Colonial Office in London. The department is divided into medical, public health and port health divisions. The functions of the medical division involve the maintenance of hospitals and dispensaries and the conduct of a school health program. The public health division undertakes mosquito and rodent control services, and supervises the sanitation in the townships, while the port health division is concerned with the enforcement of quarantine regulations and the medical care of visiting seamen.

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No formal health organization exists in the Protectorate, but a degree of co-ordination with the Colonial services in Aden has developed within recent years. In Eastern Aden Protectorate, medical care facilities are supported by the sultanate governments or by local rulers, with the guidance and advice of an Assistant Director of Medical Services, who is peripatetic, but usually works from a base at Mukalla. A qualified medical officer is stationed at Mukalla, the seat of government of the Qu'aiti Sultanate. With the exception of a dispensary in Lahej, which is financed by the Sultan, the medical services in Western Aden Protectorate are carried on by the British authorities, in co-operation with the Church of Scotland mission at Sheikh Othman.

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Local voluntary organizations participate in the health activities of the Colonial government. The Aden Nursing Association contributes to the support of nursing serv-